



CITY OF DUBLIN

Land Use and  
Long Range Planning  
5800 Shier-Rings Road  
Dublin, Ohio 43016-1236

Phone/TDD: 614-410-4600  
Fax: 614-410-4747  
Web Site: www.dublin.oh.us

February 2009

## PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

### I. PLEASE CHECK THE TYPE OF APPLICATION:

- |  |  |
|--|--|
| <input type="checkbox"/> Informal Review   | <input type="checkbox"/> Final Plat<br>(Section 152.085)                               |
| <input type="checkbox"/> Concept Plan<br>(Section 153.056(A)(1))                                 | <input type="checkbox"/> Conditional Use<br>(Section 153.236)                          |
| <input checked="" type="checkbox"/> Preliminary Development Plan / Rezoning<br>(Section 153.053) | <input type="checkbox"/> Corridor Development District (CDD)<br>(Section 153.115)      |
| <input type="checkbox"/> Final Development Plan<br>(Section 153.053(E))                          | <input type="checkbox"/> Corridor Development District (CDD) Sign<br>(Section 153.115) |
| <input type="checkbox"/> Amended Final Development Plan<br>(Section 153.053(E))                  | <input type="checkbox"/> Minor Subdivision   |
| <input type="checkbox"/> Standard District Rezoning<br>(Section 153.018)                         | <input type="checkbox"/> Right-of-Way Encroachment                                     |
| <input type="checkbox"/> Preliminary Plat<br>(Section 152.015)                                   | <input type="checkbox"/> Other (Please Specify): _____                                 |

Please utilize the applicable Supplemental Application Requirements sheet for additional submittal requirements that will need to accompany this application form.

### II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 5555 WALL ST (10.63 ACRES)	
Tax ID/Parcel Number(s): 273-010195	Parcel Size(s) (Acres): ± 2.73 2.54 38
Existing Land Use/Development: VACANT COMMERCIAL	

ORIGINAL w/ PROP OWNER SIGNATURE  
ON FILE 12/15/13

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:	
Proposed Land Use/Development: <del>RESIDENTIAL</del> / MIXED USE RECEPTION CENTER / COMMERCIAL	
Total acres affected by application: ± 2.73 2.54 38	

### III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): WALL STREET HOLDINGS	
Mailing Address: (Street, City, State, Zip Code) 1500 LAKESHORE DR COLUMBUS, OH 43204	
Daytime Telephone: 614.923.3300	Fax: 614.923.3301
Email or Alternate Contact Information: tseencer@russcillire.com	

RECEIVED  
13-0992/PDP/PA  
DEC 19 2013

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: <b>BRIAN LORENZE, AICP, WDO AP</b>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization: (Owner, Developer, Contractor, etc.): <b>WD PARTNERS</b>	
Mailing Address: (Street, City, State, Zip Code) <b>7007 DISCOVERY BLVD DUBLIN, OH 43017</b>	
Daytime Telephone: <b>614.634.7128</b>	Fax: <b>614.634.7777</b>
Email or Alternate Contact Information: <b>brian.lorenze@wdpartners.com</b>	

V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name: <b>SAMB AS IV</b>	
Organization: (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I, <b>BRIAN LORENZE, WD PARTNERS</b> , the owner, hereby authorize <b>BRIAN LORENZE, WD PARTNERS</b> to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner:	Date:

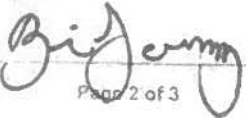
☐ Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_ Notary Public \_\_\_\_\_

VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I, <b>BRIAN LORENZE</b> , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: 	Date: <b>9/9/13</b>

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I, <u>BRIAN LORENZ</u> , the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.	
Signature of applicant or authorized representative: <u>Brian Lorenz</u>	Date: <u>9/9/13</u>

IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, <u>BRIAN LORENZ</u> , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of applicant or authorized representative: <u>Brian Lorenz</u>	Date: <u>9/9/13</u>

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 State of \_\_\_\_\_  
 County of \_\_\_\_\_ Notary Public \_\_\_\_\_

FOR OFFICE USE ONLY			
Amount Received:	Application No:	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone:	Date Received:	Received By:
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
Type of Request:			
N, S, E, W (Circle) Side of:			
N, S, E, W (Circle) Side of Nearest Intersection:			
Distance from Nearest Intersection:			
Existing Zoning District:		Requested Zoning District:	